Your Address:   Your City, State, Zip Code:   Your Telephone Number:   Representing   Self or   Attorney for	Name of Pers Your Address	son Filing Document:s:			
SUPERIOR COURT OF ARIZONA MARICOPA COUNTY  In the Matter of (check one or both) Guardianship Conservatorship of  PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT  APPOINTMENT: The following person was appointed (name) and accepted appointment as (check one box): Guardian and conservator on (date) Conservator (date) Conservator (date) deposited with (name of bank or financial institution)  RESTRICTED FUNDS: The minor/adult has exactly \$ in a restricted account number) # deposited with (name of bank or financial institution)  NO PREVIOUS WITHDRAWALS. No previous withdrawals have been made from the account without a written order of the (iff this statement is true, check the box. If the statement is not true, see a lawyer for he following amounts:  REASON/PURPOSE AMOUNT  a \$	rour City, Sta	ate, Zip Code:			
SUPERIOR COURT OF ARIZONA MARICOPA COUNTY  In the Matter of (check one or both) Guardianship Conservatorship of  PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT  In a minor or an adult  In a minor or an adult was born on (date)  In a minor or adult was born on (date)  In a minor	Your Telepho Representina	one Number: I			
MARICOPA COUNTY  In the Matter of (check one or both)  Guardianship Conservatorship of  PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT  In a minor or an adult  I. APPOINTMENT: The following person was appointed (name)  and accepted appointment as (check one box):  Guardian and conservator on (date)  Guardian (date)  Conservator (date)  Conservator (date)  In a restricted account (account number) # in a restricted account (account number) # in a restricted account (If this statement is true, check the box. If the statement is not true, see a lawyer for he following amounts:  REASON THE FUNDS ARE NEEDED.  The minor/adult needs funds from the restricted account for the following reasons and in following amounts:  REASON/PURPOSE  AMOUNT  A. MO PREVIOUS WITHORAMALS (If the statement is not true, see a lawyer for he statement is true, check the box. If the statement is not true, see a lawyer for he statement is true, check the box. If the statement is not true, see a lawyer for he statement is not	Attorney State	e Bar Number:			
Guardianship Conservatorship of  PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT    a minor or   an adult					
PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT    a minor or   an adult     APPOINTMENT: The following person was appointed (name) and accepted appointment as (check one box):   Guardian and conservator on (date) ;   Guardian (date) ;   Conservator (date) ;   Conservator (date) ;   Guardian and conservator on (date) ;   Guardian (date) ;   Guardian and conservator on (date) ;   Guardian (date) ;   Guardian and conservator on (date) ;   Guardian (date) ;   Guardian and conservator on (date) ;   Guardian (date) ;   Guardian and conservator on (date) ;   Guardian (date) ;   Guardian and conservator on (date) ;   Guardian (date) ;			PB Number:		
APPOINTMENT: The following person was appointed (name)	☐ Guardianship ☐ Conservatorship of		FUNDS FROM RESTRICTED		
and accepted appointment as (check one box):  Guardian and conservator on (date)	a minor or	an adult			
2. BIRTH DATE. The  minor or adult was born on (date)  RESTRICTED FUNDS: The minor/adult has exactly \$ in a restricted account (account number) # deposited with (name of bank or financial institution)  4. NO PREVIOUS WITHDRAWALS.  No previous withdrawals have been made from the account without a written order of the (lift his statement is true, check the box. If the statement is not true, see a lawyer for he restricted account for the following reasons and in following amounts:  REASON/PURPOSE  AMOUNT  a \$	1. APP( and accep	oted appointment as (check one box):  Guardian and conservator on (date)	<u>;</u>		
RESTRICTED FUNDS: The minor/adult has exactly \$ in a restricted account (account number) # deposited with (name of bank or financial institution)  NO PREVIOUS WITHDRAWALS.  No previous withdrawals have been made from the account without a written order of the (If this statement is true, check the box. If the statement is not true, see a lawyer for he REASON THE FUNDS ARE NEEDED.  The minor/adult needs funds from the restricted account for the following reasons and in following amounts:  REASON/PURPOSE  AMOUNT  a \$					
No previous withdrawals have been made from the account without a written order of the (If this statement is true, check the box. If the statement is not true, see a lawyer for he   5. REASON THE FUNDS ARE NEEDED.  The minor/adult needs funds from the restricted account for the following reasons and in following amounts:  REASON/PURPOSE  AMOUNT  a	3. RES	TRICTED FUNDS: The minor/adult I	has exactly \$ in a	a restricted account,	
The minor/adult needs funds from the restricted account for the following reasons and ir following amounts:  REASON/PURPOSE  AMOUNT  a	4. NO P	No previous withdrawals have been m			
a \$	5. REAS	The minor/adult needs funds from the		ng reasons and in the	
		REASON/PURPOSE		AMOUNT	
b \$		a		\$	
·		b		\$	
c \$					

FOR CLERK'S USE ONLY

					Case No
6.	NO O	THER SOURCE O	F FUNDS.		
			atisfy this need.		eds, and no parent or other person is under ent is true, check the box. If the statement
		F	REQUEST T	O THE CO	URT
	TIONE HEAR		E COURT DO	THE FOLLO	OWING THINGS AFTER NOTICE
1.	Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;				
2.	Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;				
3.	Make any other orders the Court decides are in the best interests of the minor/adult.				
					ERIFICATION
l swea	r or affirr	n that the information o	n this document is	s true and corre	ect under penalty of perjury.
Signature				Date	
Sworn to or Affirmed before me this:		(date)	by		

Deputy Clerk or Notary Public

My Commission Expires: